

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889733

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2		/					52	/				
3		2					53	/				
4	/						54	/				
5							55	/				
6	0						56	/				
7	0						57	/				
8	0						58	/				
9	0						59	/				
10	/						60	/				
11							61					
12	/						62	/				
13	2						63	/				
14	0						64	/				
15	0						65	/				
16	/						66	/				
17	/						67	/				
18	/						68	/				
19	0						69	/				
20	0						70	/				
21	0						71					
22	0						72					
23	0						73					
24	0						74					
25	0						75					
26	0						76					
27	0						77					
28	0						78					
29	0						79					
30	0						80					
31	0						81					
32	0						82					
33	0						83					
34	0						84					
35	0						85					
36	0						86					
37	0						87					
38	0						88					
39	0						89					
40	0						90					
41	0						91					
42	0						92					
43	0						93					
44	0						94					
45	0						95					
46	/						96					
47	/						97					
48							98					
49							99					
50	/						100					
TOTAL IND.	/						TOTAL IND.	12				
TOTAL DEP.							TOTAL DEP.	12				
TOTAL CLAIMS	/						TOTAL CLAIMS	24				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS